**North Yorkshire and York Care Provider Olympics 2025**

**Registration form**

|  |  |
| --- | --- |
| **Name of Care Provider** |  |
| **Category – Older Adults or Younger Adults & LD** |  |
| **Team Name** |  |
| **Contact Name** |  |
| **Contact email address** |  |
| **Date/s of event (if known)** |  |
| **Will you be taking part in any of the 12 medal events?** |  |
| **Will you be taking part in any of the 3 weekly events?** |  |
| **Would you be happy to be contacted by North Yorkshire Sport for a visit? \*** |  |
| **Would you be happy to be contacted by York City FC for a visit? \*** |  |

\*Please note any visits from North Yorkshire Sport or York City FC will be arranged directly with you and are subject to their availability.

Please ensure you read our competitors guide as things have changed slightly this year. We have included more table events to give providers a better selection of activities for their residents. We have also included 3 weekly events during the competition to get creative and have as much fun as possible during the summer.

The Nursing Team wish you the best of luck in your Olympics event and look forward to joining in the fun on our visits throughout the competition.

**Please return your registration form to**

**hnyicb-voy.yorkplacequalitynursingteam@nhs.net** **by 4th July.**